Montana Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
800-821-7284 www.lab.hhs.mt.gov
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CLSI Publishes Performance Standards for Antimicrobial Susceptibility Testing; Twenty-First Informational Supplement (M100-S21)

New in This Edition

Table 1A:

- Information added for *Enterobacteriaceae* when testing chloramphenicol on extraintestinal isolates of *Salmonella* spp.
- Minocycline was added for *Staphylococcus* spp. to Test/Report Group B.

Table 2A–AJ:

- Cefazolin breakpoints revised with a dosage regimen provided for *Enterobacteriaceae*.
- Dosage regimens listed for some antimicrobial agents for treating *Pseudomonas aeruginosa* (eg, ceftazidime, cefepime, and aztreonam), with recommendations for reporting when implementing new breakpoints.
- A new supplemental table for screening or inducible clindamycin resistance for *Streptococcus* spp. β-hemolytic group.

New Appendix B:

- New table showing intrinsic resistance for *Enterobacteriaceae*.

New Information for Anaerobes

In February, be on the lookout for the annual
CLSI 2011 Antimicrobial Susceptibility Testing Update
February 2 • 1:00–2:30 PM Eastern (US) Time (588-601-11);
February 3 • 3:00–4:30 PM Eastern (US) Time (588-602-11)

Description:
Each January, CLSI updates standards for antimicrobial susceptibility testing. It is important for clinical laboratories to incorporate the new recommendations into routine practice to optimize detection and reporting of antimicrobial resistance.

FYI…*MTPHL will be airing this teleconference on February 2nd, so if you are in the Helena area and would like to attend, please contact Crystal Poppler at cpoppler@mt.gov or 444-0930.*
MTPHL will be providing M100-S21 to all microbiological labs performing susceptibility testing. Be on the lookout for your copy.

Do you know who is most vulnerable to hypothermia? Do you know the warning signs of frostbite? Do you know how cold it is when the winds are blowing?

Visit the CDC's Winter Weather FAQs

http://emergency.cdc.gov/disasters/winter/faq.asp?source=govdelivery

Please do not forget that you must send specimens for confirmation of infections causing certain communicable diseases to the Montana Public Health Lab.

Even if you are contracted to have testing performed elsewhere, by rule, MTPHL must confirm certain diseases in their laboratory. These include, but are not limited to, tests for brucellosis, Hantavirus, syphilis, and HIV. For a complete list of these Communicable Diseases and to view rule 37.114.313, please visit http://www.mtrules.org/.

Communicable Disease Epidemiology Program Weekly Update for MMWR reporting weeks 1 and 2 Can be viewed at:
http://www.dphhs.mt.gov/PHSD/epidemiology/documents/CDWeeklyUpdateWk_01_02_000.pdf.
This issue contains information concerning

- **Influenza season update**
- **Newly published pertussis immunization recommendations**

Study Shows Where MRSA Colonizes on the Human Body

When methicillin-resistant *Staphylococcus aureus* (MRSA) is carried in the nose (nares), it is a risk factor for an invasive infection, including a surgical site infection. Some studies have found that the heavier the carriage of MRSA in the nose, the greater the risk of transmission to others and the greater risk of infection to the patient. Few studies to date have assessed the differences in quantity of MRSA at different body sites. A new study from Rhode Island Hospital now sheds light on both the quantity of MRSA at different body sites and the relationship between the quantities at different sites. The study is published in the Journal of Clinical Microbiology.

The investigators found that culturing the nose was more likely to reveal MRSA than culturing under the arms (axilla), the groin, or perineum (skin between the rectum and genitals). The researchers also found a strong correlation between the quantity of MRSA in the nose and the likelihood that other body sites were colonized with MRSA -- -- when there was a large quantity of MRSA in the nose of a patient, it was likely that there was also a large quantity of MRSA in their axilla, perineum, or groin as well.

Read more at:
http://www.infectioncontroltoday.com/news/2011/01/study-shows-where-mrsa-colonizes-on-the-human-body.aspx#